

State of Texas Evacuee Information

Please Use Capital Letters!

Revised 7/13/09

1. Evacuee/Group Leader:

Wristband ID:

First Name:

Last Name:

Address:

City:

Zip:

Gender: ☐ Male ☐ Female

DOB: Month Day Yr

Driver's License:

Check All That Apply

Medical special need evacuee: ☐
Oxygen dependent: ☐
Weighs more than 350 lbs: ☐
Bed or wheelchair bound: ☐
Dialysis: ☐

Pets:

1. Tag ID: Name:

2. Tag ID: Name:

Medical Equipment (example: wheelchair):

1. Tag ID: Equipment Type:

2. Tag ID: Equipment Type:

3. Tag ID: Equipment Type:

Family Members:

2. Tag ID: First Name: Last Name:

Gender: ☐ Male ☐ Female DOB: Month Day Yr

☐ Medical special need evacuee ☐ Oxygen dependent ☐ Dialysis

☐ Weighs more than 350 lbs ☐ Bed or wheelchair bound

3. Tag ID: First Name: Last Name:

Gender: ☐ Male ☐ Female DOB: Month Day Yr

☐ Medical special need evacuee ☐ Oxygen dependent ☐ Dialysis

☐ Weighs more than 350 lbs ☐ Bed or wheelchair bound

4. Tag ID: First Name: Last Name:

Gender: ☐ Male ☐ Female DOB: Month Day Yr

☐ Medical special need evacuee ☐ Oxygen dependent ☐ Dialysis

☐ Weighs more than 350 lbs ☐ Bed or wheelchair bound

5. Tag ID: First Name: Last Name:

Gender: ☐ Male ☐ Female DOB: Month Day Yr

☐ Medical special need evacuee ☐ Oxygen dependent ☐ Dialysis

☐ Weighs more than 350 lbs ☐ Bed or wheelchair bound

6. Tag ID: First Name: Last Name:

Gender: ☐ Male ☐ Female DOB: Month Day Yr

☐ Medical special need evacuee ☐ Oxygen dependent ☐ Dialysis

☐ Weighs more than 350 lbs ☐ Bed or wheelchair bound

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